

Affordable Medications for People in Need

**OVER 400 MEDICATION
STRENGTHS AVAILABLE
THROUGH OUR MAIL-
ORDER PHARMACY**



Follow these four simple steps...

STEP

1

See if you qualify.

You qualify for Rx Outreach as long as your annual household income is:

- \$33,510** or less for a single person
- \$57,270** or less for a family of three
- Add **\$11,880** for each additional person
- \$45,390** or less for a family of two
- \$69,150** or less for a family of four

STEP

2

See if your medicine is on the attached Rx Outreach drug list.

Most drugs can be purchased for \$20 for a 180-day supply. The list shows the administrative fees for all drugs offered. Administrative fees shown are for any dose, any strength. So even if you take more than one pill a day, our administrative fees are still the same!

STEP

3

Get a prescription from your doctor.

Prescriptions may be written with refills available for up to one year. Ask your doctor about a 180-day supply with one refill or a 90-day supply with three refills.

STEP

4

Mail the completed application, your prescription(s) and your payment to:

Rx Outreach
P.O. Box 66536
St. Louis, MO 63166-6536

For more information, visit the Rx Outreach Web site at www.rxoutreach.org
or call 1-800-769-3880, Monday through Friday, 7:00 a.m. to 5:30 p.m. Central time.

Rx Outreach is Not Insurance

RX OUTREACH APPLICATION

ABOUT YOUR DOCTOR

Doctor's first name: _____ Doctor's last name: _____

Phone number: (____) _____ Fax number: (____) _____

This information is required ONLY if you order a controlled substance: D.E.A. # _____ State licensure #: _____

ABOUT YOU

First name: _____ Last name: _____

Date of birth: ____ - ____ - ____ Social Security or Green Card #: (If you do not have a SSN / Green Card, write N/A) _____

Address: _____

City: _____ State: _____ ZIP: _____ Circle one: Male / Female

Phone number: (____) _____ Clinic or Physician Group (write N/A, if none): _____

To receive program updates, administrative fee changes, etc., provide your email address: E-mail: _____

Please list any food / medicines you are allergic to: _____

Please list all medicines you currently are taking and any medical conditions: _____

Shipping address if different from above (Your shipping address must be a deliverable U.S. Post Office street address.):

Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____

HOUSEHOLD INCOME

Income Information: Annual household income: \$ _____ Number of people in your house, including you: _____

PAYMENT INFORMATION

How to Pay: Check or money order **payable to Rx Outreach**. Please do not send cash.

FSA/Credit card/Debit card number: _____ Credit Debit

Visa MasterCard Discover FSA are the only credit cards or debit cards accepted. Please check one. Expiration date: ____ / ____

I authorize Rx Outreach to charge this credit card for payment. Total Amount \$ _____

Name on card: _____ Signature of cardholder: _____

(Required if using credit card)

SIGNATURE

You must sign the form before we can send your medicines. I attest that the information provided in this application is complete and accurate. This authorization or a copy shall be valid for 12 months from the date of signature. I understand that Rx Outreach reserves the right to request income verification from me or refuse my application based on any misuse, abuse or illegal distribution of any products in this program. I will not seek reimbursement of any fee I pay to Rx Outreach from my health insurance, including Medicaid, Medicare or similar programs.

Date: ____ / ____ / ____

(Signature Required)

OPTIONAL QUESTION

1. What is the most important reason you are ordering medications from Rx Outreach? (Check one answer)

- Rx Outreach is the program for the drug I need Rx Outreach was recommended to me
 Rx Outreach delivers to my home Price

Event Code
788

To order controlled substances, you must attach a copy of your Photo ID Card (for example, a driver's license or state ID card) AND a copy of your Social Security Card or Green Card (or a copy of your paystub or latest income tax form). Controlled substances and non-controlled medications will ship separately. We cannot ship controlled substances to a P.O. box or a doctor's office. (Controlled Substances are: Alprazolam, Clonazepam, Diazepam, Diphenoxylate/Atropine, Lorazepam, Temazepam, Tramadol, Zaleplon, and Zolpidem)